



Year 12 Work Experience

Parental Consent form

(Including Notification of Additional & Medical Needs)

Student Name: _____

Tutor Group: _____

To help ensure that your son/daughter's work experience placement is as successful as possible, please complete the sections below, and return to the Academy office with the employer form.

MEDICAL INFORMATION

1. If your child has any condition or impairment (e.g. diabetes, epilepsy, asthma) that may require specific management, medical treatment and/or medication during work experience please give brief details:

2. If your child has any allergies or is allergic to any medication please supply details:

3. Date of your child's last anti-tetanus immunisation: _____

4. Family doctor: _____

Address: _____ Telephone: _____

If you feel further detail or a discussion is required regarding any of the information that you have supplied please contact the Academy.

ADDITIONAL NEEDS

Please give details if your child is affected by any of the following:

1. Physical disabilities e.g. mobility, visual, cardiovascular

2. Learning difficulties

PARENTAL CONSENT

I understand that the information above may be communicated by the school to the employer that offers my son/daughter a placement. This is to enable the employer to produce an appropriate young persons' risk assessment. If there are any significant changes between now and the placement taking place, I will inform the school. I agree to my child taking part in the work experience scheme.

Signature of Parent/Carer: _____ Date: _____

Please return to the Academy office, with the employer and placement information (blue) form.